Zurich Assurance Ltd
Zurich Life Insurance (Hong Kong) Limited
苏黎世人寿
苏黎世人寿保险( 香港 )有限公司

ZURICH
苏黎世

# Change of policyholder/Update new policyholder form (Individual)
# 变更/更新保单持有人申请表( 个人 )

**Private and confidential 私人及保密文件**

Policy no.
保单号码

Name of life insured
受保人姓名

Name of current policyholder
现任保单持有人姓名

**Important notes 重要事项**

1. Please note that policyholder must be 18 years old or above.
   请注意保单持有人必须为18岁或以上。
2. Current policyholder's appointment of investment advisor, beneficiary(ies) designation, death benefit settlement option, nomination of contingent policyholder(s), life insured , guardian(s) and instruction regarding designated bank account for cash dividend receipt (if applicable) will be terminated automatically.
   现任保单持有人的投资顾问、受益人、身故赔偿支付选项、后备保单持有人、后备受保人、监护人及指定收取现金股息的银行账户( 如适用 )的指示将自动终止。
3. New policyholder should submit the "Policy alteration form" to update designated bank account for cash dividend receipt (if applicable).
   新保单持有人应提交「保单更改申请表」以更改指定收取现金股息的银行账户( 如适用 )。
4. Please note that the change of policyholder will not be effective unless and until it is approved and accepted by us.
   请注意保单持有人的更改必须得到我们批准及接纳后方会生效。
5. If it is exercising the nomination of contingent policyholder, it is not required to provide signature of current policyholder.
   若本次申请为行使指定后备保单持有人，则不需要提供现任保单持有人的签署。
6. New policyholder should review your existing investment portfolio, investment strategy and risk appetite (if applicable) after the change of policyholder is effective.
   当更改保单持有人生效后，新保单持有人应检阅现有投资组合、投资策略及风险类别( 如适用 )。
7. This form should be filled in **BLOCK LETTERS** and ensure all signature boxes are duly signed.
   请以**正楷**填写并确保已妥善签署所有签署位置。
8. Please fill the circle in full when you select the answer.
   当 阁下确认选项时，请将圆圈完全填满。

## Section A 部分：Personal information of new policyholder 新保单持有人的个人资料

1. Title 称衔
   ◯ Mr. 先生 ◯ Mrs. 太太 ◯ Miss 小姐 ◯ Ms. 女士 ◯ Dr. 博士 ◯ Others (Please specify) 其它( 请注明 )

2. Family name 姓

3. Given name 名

4. Name in Chinese 中文姓名

5. Place of birth 出生地点

6. Date of birth 出生日期 Day日 Month月 Year年

7. Sex 性别 ◯ Male 男 ◯ Female 女

8. Identity document no. 身分证明文件号码
   ( Please submit certified copy of identity document for all nationality and tax jurisdiction of residence. 请递交所有国籍及税务居留司法管辖区的已核实身分证明文件副本。 )

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## Personal information of new policyholder (continued) 新保单持有人的个人资料( 续 )

9. ID type 身分证明文件类别
   - ◯ HK Permanent ID 香港永久性居民身份证
   - ◯ PRC Resident ID 中国内地居民身分证
   - ◯ HK Non-permanent ID 香港非永久性居民身份证
   - ◯ Passport 护照
   - ◯ Others (please specify) 其它( 请注明 ) _____

10. Nationality 国籍 ◯ Chinese (Hong Kong) 中国( 香港 ) ◯ Chinese (Chinese Mainland) 中国( 中国内地 ) ◯ Others (please specify) 其他( 请注明 ) _____

11. Does the policyholder hold nationality in another country? 保单持有人是否持有多于一个国家的国籍？ ◯ Yes 是 ◯ No 否 If 'Yes', please specify the country 如有，请注明国家名称 _____

12. Signature specimen of new policyholder 新保单持有人的签名式样

13. Residential address 住宅地址[1]

Flat/Room 室/单位 | Floor 楼 | Block 座

Name of building/estate 大厦/小区名称

Name of street/road 街道名称

District/City/Province 地区/城市/省 | HK/KLN/NT 香港/九龙/新界

Country 国家 | ZIP/Postal code 邮递区号

14. Correspondence address (if different from above address) 联系地址( 如与上述地址不同 )

15. Please provide a reason why you are using a correspondence address that is different from your residential address. Depending on the answers given, we may ask for further information.
请说明为何 阁下的联络地址有别于 阁下的住址。视乎所提供的说明，我们或会询问更多资料。

16. Contact telephone no. 联络电话号码

| | Country 国家 | (Country code) Telephone no. ( 国家编号 )电话号码 | Is this a US based telephone no.? 这是美国电话号码吗？ |
|---|---|---|---|
| Residential telephone no. 住宅电话号码 | | ( ) | ◯ Yes 是 ◯ No 否 |
| Mobile telephone no. 移动电话号码 | | ( ) | ◯ Yes 是 ◯ No 否 |
| Office telephone no. 办公室电话号码 | | ( ) | ◯ Yes 是 ◯ No 否 |

17. Email address 电邮地址

18. Occupation information 职业资料

Business nature 业务性质 | Occupation title 职位

19. Relationship with current policyholder 与现任保单持有人的关系

20. Relationship with current life insured 与现任受保人的关系

21. Reason for change of policyholder 更改保单持有人之原因

[1] The new policyholder must complete "Important facts statement for mainland policyholder" ("IFS-MP") if residential country is China or nationality is Chinese and without HKID (Mainland China does not include HKSAR).
若居住国家或国籍为中国而并非持有香港身份证，新保单持有人必须填妥「重要资料声明书 - 内地人士在港投购人身/寿险保单」( 中国内地不包括香港特别行政区 )。

## Section B 部分：Source of funds 资金来源

1. If the new policyholder is an existing policyholder, his/her existing premium levels will be included for the purposes of calculating the limits for which documentary evidence is required.
若新保单持有人为现有客户，其所有现行供款均会一并考虑以决定所需呈交的证明文件。

◯ Salary 薪酬 ◯ Income 收入 ◯ Savings 储蓄 ◯ Investments 投资 ◯ Others (Please specify) 其他( 请注明 )_____

## Section C 部分：FATCA questionnaire[2] 海外账户税收合规法案问卷[2]

1. Are you appointing a power of attorney or signatory authority granted to a person with United States address? ◯ Yes 是 ◯ No 否
阁下有否授权予拥有美国地址的人士？

2. Have you provided an address to Company which is an in-care-of or hold mail address? ◯ Yes 是 ◯ No 否
阁下所提供的地址是否代收公司或代收地址？

[2] If any answer to above question is "Yes", your request may not be accepted.
如以上任何问题的答案为「是」，有关申请可能不被接纳。

## Section D 部分：Taxation information of new policyholder 新保单持有人的税务资料

1. Do you currently file tax return in the USA? ◯ Yes 是 ◯ No 否
If "yes", please complete and submit US tax form.
阁下现时有否于美国报税？若「是」，请填妥及递交美国税表。

2. Please provide all the Tax Jurisdiction of Residence and TIN. If the TIN is unavailable, should provide the appropriate reason A, B or C.
请提供所有税务居留司法管辖区及税务编号。若未能提供税务编号，必须填写合适的理由。

**If you are a Hong Kong tax resident, please fill in "Hong Kong" as Tax jurisdiction of residence and your HKID card no. as TIN**
**如　阁下是香港税务居民，请填上税务居留司法管辖区为香港及税务编号为　阁下的香港身份证号码。**

| Tax Jurisdiction of Residence 税务居留司法管辖区 | TIN 税务编号 | Reason if TIN is unavailable* 理由( 若未能提供税务编号 )* | Please explain why the Reason B is selected 若选择理由B，请解释原因 |
|---|---|---|---|
| i | | ◯ A ◯ B ◯ C | |
| ii | | ◯ A ◯ B ◯ C | |
| iii | | ◯ A ◯ B ◯ C | |
| iv | | ◯ A ◯ B ◯ C | |
| v | | ◯ A ◯ B ◯ C | |

* Reason 理由 A: The jurisdiction where the new policyholder is a resident for tax purposes does not issue TINs to its residents.
新保单持有人的税务居留司法管辖区并没有向其居民发出税务编号。

Reason 理由 B: The new policyholder is unable to obtain a TIN. Please explain why the policyholder/assignee is unable to obtain a TIN if you have selected this reason.
新保单持有人未能取得税务编号。若选取此理由，请解释保单持有人／受让人未能取得税务编号之原因。

Reason 理由 C: TIN is not required. Select this reason only if the authorities of the Tax Jurisdiction of Residence do not require the TIN to be disclosed.
新保单持有人无须提供税务编号。税务居留司法管辖区的主管机关不需要保单持有人／受让人披露税务编号。

**Declaration and acknowledgement 声明及确认**

I/We acknowledge and agree that (a) the information contained in this section is collected and may be kept by the Zurich Assurance Limited and/or Zurich Life Insurance (Hong Kong) Limited ("the Company") for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the account holder and any reportable account(s) may be reported by the Company to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the account holder may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance (Cap.112).
本人／我们知悉及同意苏黎世人寿及／或苏黎世人寿保险( 香港 )有限公司(「贵公司」)可根据《税务条例》( 112章 )有关交换财务账户资料的法律条文，(a) 收集本部分所载资料并可备存作自动交换财务账户资料用途及 (b) 把该等资料和关于账户持有人及任何须申报账户的资料向香港特别行政区政府税务局申报，从而把资料转交到账户持有人的税务居留司法管辖区的税务当局。

I/We undertake to advise the Company of any change in circumstances which affects the tax residency status of the individual identified in of this part or causes the information contained herein to become incorrect, and to provide the Company with a suitably updated self-certification form within 30 days of such change in circumstances.
本人／我们承诺如情况有所改变，以致影响本部分所述的个人的税务居民身份，或引致D部分所载的资料不正确，本人／我们会通知　贵公司，并会在情况发生改变后30日内，向　贵公司提交一份已适当更新的自我证明表格。

I/We declare that the given information and statements made in this section are, to the best of my/our knowledge and belief, true, correct and complete.
本人／我们声明就本人／我们所知所信，本部分所填报的所有资料和声明均属真实、正确和完备。

**WARNING and ATTENTION 警告及注意**

It is an offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a self-certification, makes a statement that is misleading, false or incorrect in a material particular AND knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. A person who commits the offence is liable on conviction to a fine at level 3 (i.e. HKD 10,000).
根据《税务条例》第80(2E) )条，如任何人在作出自我证明时，在明知一项陈述在要项上属具误导性、虚假或不正确，或罔顾一项陈述是否在要项上属具误导性、虚假或不正确下，作出该项陈述，即属犯罪。一经定罪，可处第3级罚款( 即10,000港元 )。

If there is any uncertainty about tax residency status, please consult your own tax advisor.
如　阁下对税务居住地有任何疑问，请征询　阁下的税务顾问。

## Section E 部分：Notice to customers relating to the Personal Data (Privacy) Ordinance ("Ordinance") 有关个人资料( 私隐 )条例(「私隐条例」)的客户通知

This Notice sets out the privacy policy of each of **Zurich Assurance Ltd/Zurich Life Insurance (Hong Kong) Limited** (each a "**Company**") in respect of their respective customers. The rights and obligations of each Company under this Notice are several and not joint, whereby no Company shall be liable for any act or omission of another Company.
本通知列载**苏黎世人寿/苏黎世人寿保险( 香港 )有限公司**( 以下个别称「**本公司**」)有关各自对其客户的私隐政策。各公司就本通知所列之权利和责任为独立而非连带的，因此各公司无须为其他公司之行为或不作为负责。

The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by the Company from time to time, which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer (such as claim information and medical history received from third parties), may be used by the Company and/or a company within its group ("**Zurich Insurance Group**") for the purposes **necessary** in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information).
由本公司不时收集或持有的客户( 包括保单持有人、受保人、受益人、保费付款人、信托人、保单受让人及索偿人 )个人资料，其中亦包括在公司日常业务过程中以及就持续与客户的关系而收集或产生的资料( 例如从第三方收到的索偿资料和病历 )，均可供本公司及/或其所属集团(「**苏黎世保险集团**」)内的公司使用作为向客户提供服务而**必须**的用途( 否则本公司将无法为未能提供所需资料的客户提供服务 )。

**Please read carefully the details of the Company's privacy policy which is made available on our website at www.zurich.com.hk/pics or by scanning the QR code. You may also contact our Customer Care Hotline at +852 2968 2383 or insurance intermediaries for enquiries.**
**本公司之私隐政策详载于 www.zurich.com.hk/pics 或可透过扫描 QR 码细阅。 阁下亦可致电 +852 2968 2383 与我们的客户服务部联络或向保险中介人查询。**

**Consent for marketing purposes - Voluntary:**
**就市场推广用途之同意 – 自愿性：**

Certain personal information of policyholders and insured persons collected or held by the Company (which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer), in particular, names, contact information, age, gender, identity document reference, marital status, financial background, demographic data, transaction pattern and behavior, policy information, claim information, and medical history may be used by the Company, **only upon having such policyholders' or insured persons' consent or indication of no objection**, for providing marketing materials and conducting direct marketing activities in relation to insurance and/or financial products and services of the Zurich Insurance Group and/or other financial services providers, and/or other related services of business partners, with whom the Company maintains business referral or other arrangements (such as reward, loyalty, co-branding or privileges programs and related services and products, services and products offered by the Company's business or co-branding partners, donations or contributions for charitable and/or non-profit making purposes). For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from a customer shall override any previous instruction given to the Company in this regard in relation to all personal information of the customer collected or held by the Company from time to time.
由本公司收集或持有的保单持有人及受保人的某些个人资料( 其中亦包括在本公司日常业务过程中以及就持续与客户的关系收集或产生的资料 )，特别是姓名、联络资料、年龄、性别、身分证明文件资料、婚姻状况、经济背景、人口统计数据、交易模式和行为、保单资料、索偿资料及医疗纪录等，**于获该保单持有人或受保人同意或作不反对指示后**，均可供本公司使用作为苏黎世保险集团及/或与本公司维持业务引荐关系或其他安排之其他金融服务供应商的保险及/或金融产品及服务，及/或其他商业合作伙伴之相关服务，提供市场推广数据及进行直接市场推广活动。( 例如奖赏、忠诚奖励、合作品牌或优惠计划以及相关服务和产品，由本公司商业合作伙伴或合作品牌伙伴提供的服务和产品，出于慈善及/或非牟利目的的捐赠或捐款 )。为免生疑问，就本公司不时收集或持有的所有客户个人资料，本公司将会以从客户收到的最新指示( 例如同意或表示不反对的指示，或提出反对要求 )。

The Company may provide (and may receive money or property in return for providing) certain personal information, in particular, name, contact information, age, gender and policy information of a policyholder and an insured person, **only upon having such policyholder's and insured person's written consent**, to be used by the following parties, within or outside of Hong Kong, for their own and/or the Company's **marketing purposes** set out above:
**于获保单持有人及受保人书面同意后**，本公司方可就以下人士本身及/或就本公司的**市场推广用途**，向以下于香港境内或境外的人士提供其某些个人资料( 并可能收到金钱或其他财产作为回报 )，特别是姓名、联络资料、年龄、性别、保单持有人及受保人的保单资料等，以供其使用：

(1) companies within the Zurich Insurance Group;
苏黎世保险集团成员公司；

(2) other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements;
与本公司维持业务引荐关系或其他安排的其他银行/金融机构、商业或慈善组织；

(3) third party reward, loyalty, co-branding or privileges program providers;
第三方奖赏、忠诚奖励、合作品牌或优惠计划提供者；

(4) third party marketing service providers and insurance intermediaries.
第三方市场推广相关服务供应商及保险中介人。

☐ I/We do not agree to the use or transfer of my/our personal data for marketing purposes as set out above.
本人/我们不同意 贵公司使用或向第三方提供本人/我们的个人资料作上列市场推广用途。

## Section F 部分：Declaration for data protection 个人资料保障声明

I/We confirm that I/we agree to the use or transfer of my/our personal data for the purposes as set out above.
本人/我们确认本人/我们同意 贵公司使用或向第三方提供本人/我们的个人资料作上述用途。

## Section G 部分：Collection of levy by the Insurance Authority 保险业监管局收取的保费征费

According to the Insurance (Levy) Order and the Insurance (Levy) Regulation under the Insurance Ordinance (Cap. 41), the Insurance Authority ("IA") is collecting a levy on insurance premiums from policyholders through insurance companies with effect from January 1, 2018. Levy shall be paid along with premium payment. If the policyholder does not pay the levy timely, the IA may impose on the policyholder a pecuniary penalty of up to HKD 5,000 and may recover it as a civil debt due to it. In this regard, I/we agree the following arrangements of levy settlement, where applicable, that will be applied to my/our policy:
根据《保险业条例》( 第 41 章 )下的《保险业( 征费 )令》及《保险业( 征费 )规例》，保险业监管局(「保监局」)已由 2018 年 1 月 1 日起，透过保险公司向保单持有人收取保费征费。保费征费须于缴付保费时同时缴付。若保单持有人未有按规定依时缴付保费征费，保监局可向其处以最高 5,000 港元的罚款，亦可循民事程序追讨。有见及此，本人/我们同意 贵公司将为本人/我们的保单作出以下保费征费之缴款安排( 如适用 )：

## Collection of levy by the Insurance Authority (continued) 保险业监管局收取的保费征费( 续 )

1. the policy will only be issued if the policy is with satisfied underwriting decision and initial premium and levy are settled;
   于成功通过核保及收妥首期保费及征费后才会缮发保单；
2. I/We authorize Zurich Assurance Ltd/Zurich Life Insurance (Hong Kong) Limited ("the Company") to collect the premium and levy from my/our designated autopay account/credit card;
   本人/我们授权苏黎世人寿/苏黎世人寿保险( 香港 )有限公司(「贵公司」)从本人/我们指定的自动转账账户/信用卡收取保费及征费；
3. I/We shall pre-pay levy and premiums together if I/we apply for prepayment;
   本人/我们于申请预缴保费时，需要同时预付保费及征费；
4. I/We authorize the Company to collect both the premium and the levy by way of automatic premium loan ("APL"), if any levy is paid by APL, it will also form part of the loan with interest accumulated at the prevailing loan interest rate;
   本人/我们授权　贵公司透过自动保费贷款方式扣除保费及征费，若任何保费征费以自动保费贷款方式扣除，其也将是贷款的一部分，并会按现行贷款利率计算利息；
5. the policy will only be reinstated if levy is paid back at the applicable rate and cap together with overdue premium(s) including the interest (if any);
   此保单于本人/我们一并缴付逾期保费( 包括其利息( 如有 ))及按适用的征费率及征费上限计算之保费征费后才会复效保单；
6. If my/our payment is insufficient to pay both premium and levy, I/we authorize the Company to settle the premium first; and
   若本人/我们的缴款不足以同时缴付保费及征费，本人/我们授权　贵公司先扣除保费；及
7. I/We authorize the Company to deduct the corresponding levy together with all unpaid premium(s) from payment of policy surrender/policy maturity/benefit claims.
   本人/我们授权　贵公司从退保价值/期满利益/保险赔偿金额中扣除任何逾期保费及相应之保费征费。

## Section H 部分：Declaration for commission disclosure 佣金披露声明

I/We understand, acknowledge and agree that, **Zurich Assurance Ltd/Zurich Life Insurance (Hong Kong) Limited** will pay the licensed insurance intermediary commission during the continuance of the policy to be assigned to me/us. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to the Company that he or she is authorized to do so.
本人/我们明白、确知及同意，**苏黎世人寿/苏黎世人寿保险( 香港 )有限公司**于即将转让予本人/我们的保单的有效期内向有关的持牌保险中介人支付佣金。假如申请人为法人团体，代表申请人签署的获授权人员须向本公司确认他/她已获法人团体授权签署。

I/We further understand that the above agreement is necessary for the Company to proceed with the application.
本人/我们亦明白　贵公司必须取得申请人以上的同意，才可以处理有关申请。

## Section I 部分：Declaration and acknowledgement of new policyholder 新保单持有人的声明及确认

I/We agree to immediately inform Zurich Assurance Ltd/Zurich Life Insurance (Hong Kong) Limited ("the Company") in writing of any change to the information that I/we have provided on this form.
本人/我们同意，如本人/我们在此表格提供的资料有任何变更，会立即以书面通知苏黎世人寿/苏黎世人寿保险( 香港 )有限公司(「贵公司」)。

(This declaration is applicable to the product(s) with cash value only) I/We declare that I/we am/are not a resident or national of the United States including any United States federally controlled territory.
( 此声明只适用于有现金价值的产品 )本人/我们谨声明本人/我们并非美国包括任何受美国联邦管辖领土的居民或国民。

I/We confirm that I/we understand that a change in my/our place of residence, or that of any life insured, could mean that the Company may no longer be able to provide all the benefits under this policy.
本人/我们确认明白，如本人/我们或任何受保人变更居住地，　贵公司或不能再就本保单提供所有保障。

I/We declare that any premiums that I/we pay to the policy will not contravene any applicable exchange control regulations or trade or economic sanctions.
本人/我们声明，本人/我们就保单支付的任何保费将不会违反任何适用的外汇管制法规或贸易或经济制裁。

I/We declare that any premium paid to the Company is not of criminal origin or directly or indirectly related to criminal activities or any actual or attempted money laundering or tax evasion.
本人/我们声明，向　贵公司支付的任何保费并非来自刑事源头，亦非直接或间接与刑事活动或任何实际进行或企图进行的洗黑钱或逃税相关。

I/We confirm that I/we have reviewed the information given in this application and it is correct.
本人/我们确认本人/我们已复审本申请表格所提供的资料，并确认资料为正确。

I/We declare that I/we am/are the beneficial owner(s) of the policy and not acting on behalf of another person including natural person, legal person or trust.
本人/我们声明，本人/我们为本保单之实益拥有人，并非代表其他人行事，其他人包括自然人、法人或信托。

I/We hereby authorize any company within the Zurich Insurance Group which is in possession of my/our personal information to release part or all of the information to the Company or its agents.
本人/我们特此授权苏黎世保险集团中任何持有本人/我们个人资料的公司提供部分或全部资料予　贵公司或其代理人。

## Declaration and acknowledgement of new policyholder (continued) 新保单持有人的声明及确认( 续 )

Full name of life insured
受保人姓名

Signature of life insured (Only applicable to designated plan)
受保人签署( 只适用于指定计划 )

Date signed 签署日期 Day日 Month月 Year年

Full name of **CURRENT** policyholder/authorized signor from **CURRENT** policyholder
现任保单持有人/现任保单持有人之获授权签署人姓名

Signature of **CURRENT** policyholder/authorized signor from **CURRENT** policyholder
现任保单持有人/现任保单持有人之获授权签署人签署

Date signed 签署日期 Day日 Month月 Year年

Signature of **NEW** policyholder
新保单持有人签署

Date signed 签署日期 Day日 Month月 Year年

Signature of licensed insurance intermediary
持牌保险中介人签署

Full name of licensed insurance intermediary (IA license no.) ( )
持牌保险中介人姓名( 保监牌照号码 )

Company name of licensed insurance intermediary
持牌保险中介人公司名称

Company code of licensed insurance intermediary
持牌保险中介人公司编号

**PLEASE DO NOT SIGN ON BLANK FORM. 请勿于空白表格签署。**

In the event of any discrepancies or inconsistencies between the English and Chinese versions of this form, the English version shall prevail.
若本表格的中英文版本有任何歧义或不一致，概以英文版为准。

## Section J 部分：Documents required 所须递交文件

Complete and submit the following documents to Zurich:
请填妥及提交以下文件至本公司：

1 Certified copy* of Hong Kong permanent identity card
已核实的香港永久性居民身份证副本*

2 Certified copy* of valid passport if the holding foreign nationality
已核实的有效护照副本*，如持有外国国籍

3 For Zurich Assurance Ltd - Certified copy*/Original of recent three months proof of permanent residential address such as utility bills, bank statements, tax returns, etc.
苏黎世人寿 - 已核实的最近三个月永久居民地址证明副本*／正本，如公营业务单据、银行结单、税单等

* Suitable Certifier:
合适核实人：

(a) a licensed insurance intermediary in Hong Kong
香港持牌保险中介人

(b) a member of the judiciary in an equivalent jurisdiction
在对等司法管辖区的司法人员

(c) an officer of an embassy, consulate or high commission of the country of issue of documentary verification of identity
发出身份核实文件的国家的大使馆、领事馆或高级专员公署的人员

(d) a Justice of the Peace
太平绅士

(e) a solicitor practicing in Hong Kong
在香港执业的律师

(f) a certified public accountant practicing in Hong Kong
在香港执业的执业会计师

(g) a trust company registered under Part VIII of the Trustee Ordinance (Cap.s29) carrying on trust business in Hong Kong
根据《受托人条例》(第29章)第VIII部注册并在香港经营信托业务的信托公司

(h) overseas intermediary carrying on business or practicing in an equivalent jurisdiction, including a lawyer, a notary public, an auditor, a professional accountant, a tax advisor, a trust or company service provider; or a trust company carrying on trust business
在对等司法管辖区经营业务或执业的律师、公证人、核数师、专业会计师、税务顾问、信托或公司服务提供者、经营信托业务的信托公司

We may request you to provide additional documents apart from documents listed above where necessary. If you have any questions on how to complete this form, please call our Customer Care Hotline at +852 2968 2383.
如有需要，除上述文件外，我们可能会要求　阁下提供额外之证明文件。倘若　阁下在填写此表格时有任何疑问，请致电我们的客户服务热线 +852 2968 2383。



Zurich Assurance Ltd (a company incorporated in England and Wales with limited liability)
Zurich Life Insurance (Hong Kong) Limited (a company incorporated in Hong Kong with limited liability)
Website: www.zurich.com.hk

苏黎世人寿(于英格兰及威尔斯注册成立之有限公司)
苏黎世人寿保险(香港)有限公司(于香港注册成立之有限公司)
网址：www.zurich.com.hk

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